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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

 Declaration Declaration

Submitted with

OR

Initial Filing

Submitted after Initial

Filing (surcharge (37
CFR 1.16 (e)) requiredAttorney Docket Number **881987.0003**First Named Inventor **Gregory Swab****COMPLETE IF KNOWN**

Application Number

Filing Date

Group Art Unit

Examiner Name

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

EYEWEAR WITH EXCHANGEABLE TEMPLES HOUSING BLUETOOTH ENABLED APPARATUS*(Title of the Invention)*

The specification of which

 is attached hereto

OR

 was filed on (MM/DD/YYYY)As United States Application Number of PCT
International

Application Number

and was amended on (MM/DD/YY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? Yes	Certified Copy Attached? No
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

 Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

DECLARATION — Utility or Design Patent Application

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Name	Donna L. Angotti		
Address	Schulte Roth & Zabel 919 Third Avenue		
City	New York	State	New York
Country	U.S.A.	Telephone	212-756-2488
			Fax 212-593-5955

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Gregory		Family Name or Surname Swab	
Inventor's Signature	<i>Donna L. Angotti</i>		Date <i>4/30/2001</i>
Residence: Tulsa	State Oklahoma	Country U.S.A.	Citizenship U.S.A.
Mailing Address 2448 South Saint Lewis			
City Tulsa	State Oklahoma	ZIP 74104	Country U.S.A.
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) James E.		Family Name or Surname Malackowski	
Inventor's Signature			Date
Residence: City	State	Country	Citizenship
Mailing Address			
City	State	ZIP	Country
<input type="checkbox"/> Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.			

(Page 2 of 2)

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PTO/SB/01 (02-01)

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POWER OF ATTORNEY OR
AUTHORIZATION OF AGENT

Application Number	
Filing Date	
First Named Inventor	Gregory Swab
Title	EYEWEAR WITH EXCHANGEABLE TE
Group Art Unit	
Examiner Name	
Attorney Docket Number	881987-0003

I hereby appoint:

 Practitioners at Customer NumberPlace Customer
Number Bar Code
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OR

 Practitioner(s) named below:

Name	Registration Number
Joel E. Lutzker	29,406
Leonard Sorgi	33,211
Donna L. Angotti	32,679
Todd Sicklinger	47,087

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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<input checked="" type="checkbox"/> Firm or Individual Name	SCHULTE, ROTH & ZABEL, LLP		
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Address	919 Third Avenue		
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Address			
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City	New York	State	New York	Zip	10022
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Country	U.S.A.				
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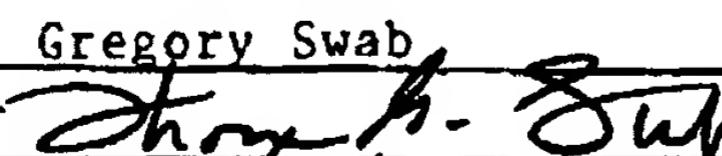
Telephone	212-756-2000	Fax	212-593-5955		
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I am the:

 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	Gregory Swab
Signature	
Date	4/30/2001

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

 Total of _____ forms are submitted.

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Attorney Docket Number	881987-0003

I hereby appoint:

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 Practitioner(s) named below:

Name	Registration Number
Mayankkumar Dixit	44,064
Richard Chern	44,610
Anna Vishev	45,018

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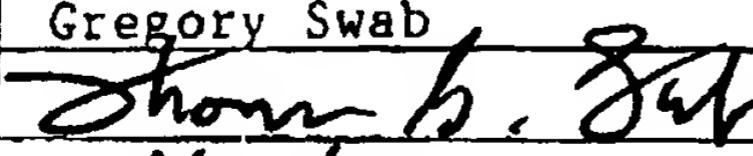
<input checked="" type="checkbox"/> Firm or Individual Name	SCHULTE, ROTH & ZABEL, LLP			
Address	919 Third Avenue			
Address				
City	New York	State	New York	Zip 10022
Country	U.S.A.			
Telephone	212-756-2000	Fax	212-593-5955	

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Date	4/30/2001

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